1/2

FILED
Mar 02, 2005 8:00 am
Secretary of State
01-26-2005 90020 008 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000013425

1. Entity Name
KICK START SALOON, INC.

Principal Place of Business
~~1255 MASON AVE~~ 909 Brookside Dr.
~~DAYTONA BCH, FL 32117~~
Ormond Beach, FL 32174

Mailing Address
~~1255 MASON AVE~~ 909 Brookside Dr.
~~DAYTONA BCH, FL 32117~~
Ormond Beach, FL 32174

66003104

01102005 Chg-P CR2E034 (10/03)
Please Contact

2. Principal Place of Business		3. Mailing Address	
906 N. US 1			
Suite, Apt. #, etc. Ormond Bch FL		Suite, Apt. #, etc.	
City & State 32174		City & State Same	
Zip	County Volusia	Zip	Country

4. FEI Number 386-257-1646 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLR
MIAMI, FL 33145 582683183

7. Name and Address of New Registered Agent

Richard K. Churchman, P.A.
Certified Public Accountant
1255 Mason Avenue
Daytona Beach, FL 32117
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Richard K Churchman, P.A. RICHARD K. CHURCHMAN, P.A. 1-11-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MALONE, RICHARD 1255 MASON AVE DAYTONA BCH, FL 32117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ADKINS, CATHERINE E 1255 MASON AVE DAYTONA BCH, FL 32117	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #